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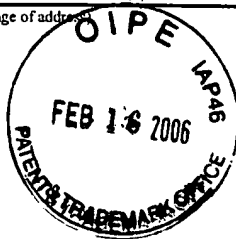
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24319 7590 11/17/2005

**LSI LOGIC CORPORATION**  
1621 BARBER LANE  
MS: D-106  
MILPITAS, CA 95035



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<b>Manu Kashyap</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>February 16, 2006</b>	(Date)

02/22/2006 SSESHE2 00000080 122252 10623082

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,082	07/17/2003	Peter A. Burke	02-0279/1D / LS11P199D1	3302

TITLE OF INVENTION: INTER-LAYER INTERCONNECTION STRUCTURE FOR LARGE ELECTRICAL CONNECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RICHARDS, N DREW	2815	438-687000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Beyer Weaver Thomas

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LSI Logic Corporation

Milpitas, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2252 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Timothy Croll*

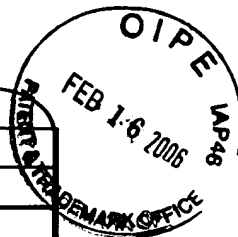
Date 2/16/06

Typed or printed name Timothy Croll

Registration No. 36,771

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# FEE TRANSMITTAL

Patent Fees are subject to annual revision on October 1.  
These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. 1.27 and 1.28.

Complete if Known	
Application Number	10/623,082
Filing Date	July-17, 2003
First Named Inventor	Peter Burke
Group Art Unit	2815
Examiner Name	Paul E. Brock II
Attorney Docket No.	LSI1P199 / 02-0279/1D

TOTAL AMOUNT OF PAYMENT (\$)400.00

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																													
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:</p> <p>Deposit Account Number: <u>12-2252</u></p> <p>Deposit Account Name: <u>LSI LOGIC CORPORATION</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required Under 37 C.F.R. 1.16 and <input checked="" type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. 1.18 at the Mailing of the Notice of Allowance.</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p><b>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or printed name	<u>Timothy Croll</u>	Reg. Number	<u>36,771</u>
Signature	<u>[Signature]</u>	Deposit Account User ID	
Date	<u>16-Feb-06</u>		